

ARTICLE 15

SECTION 2

MEDICAL SUPPORT PROGRAM

1. GENERAL

The Medical Support Program collects information from absent parent(s) about health insurance coverage available to a dependent child. This section provides staff with information and procedures used in the Medical Support Program, including worker responsibilities.

2. MEDICAL SUPPORT PROGRAM

A. Requirements

State law requires non-custodial/absent parents to provide information about medical insurance coverage in child support actions taken by the District Attorney's Office.

B. Use of Information

- 1) This information is used to determine the availability of medical insurance coverage for a Medi-Cal eligible child.
- 2) When a child has coverage, the state will bill the insurance company for services provided to dependent children under the Medi-Cal program.

3. FORMS USED

A. Form DHS 6110 - Medical Insurance Form

1) Use:

Form DHS 6110 is used to provide the information needed to identify Other Health Coverage (OHC). It is similar to Form DHS 6155 and asks the same basic information. It can act as a supplement to Form DHS 6155 (formerly the Form HRB 2A).

2) Completion:

- a) The District Attorney's Office representative will obtain Form DHS 6110 in all child support actions where children are receiving Medi-Cal.
- b) Revenue and Recovery will:
 - (1) Review Form DHS 6110 for completeness;
 - (2) Forward the completed form to SDHS for processing; and

- (3) Send the Notification of Health Insurance Coverage to the beneficiary and the Department of Social Services.

c) SDHS Health Insurance Unit responsibilities.

Upon receipt of Form DHS 6110, the SDHS Health Insurance Unit will:

- (1) Review Form DHS 6110 for insurance information; and
- (2) Send a copy to the Program and Policy Development Division (PPDD) with Form DHS 6143, Cover Letter, detailing necessary County actions.

B. Form DHS 6143 - Cover Letter

Form DHS 6143, Cover Letter, is used by the state as a cover letter to DHS 6110. It identifies any actions to be taken by the worker on the beneficiary's case.

C. Notification of Health Insurance Coverage

- 1) This form is completed by Revenue and Recovery and sent to Program and Policy Development Division for distribution to Districts. The State will also be sending the DHS 6110 and DHS 6143.

4. WORKER ACTIONS

A. Case Actions

- 1) File the Notification of Health Insurance Coverage, Forms DHS 6110, and DHS 6143 under the medical tab;
- 2) Enter the OHC on the computer document when the Notification of Health Insurance Coverage is received; and
- 3) Update OHC directly on MEDS as instructed on Form DHS 6143, if it cannot be done through CDS.

B. Beneficiary Notification

- 1) Revenue and Recovery will notify the beneficiary of the OHC for dependent child(ren); and
- 2) The worker will instruct the beneficiary that the insurance coverage must be used prior to using Medi-Cal.

No form is currently available for the purpose of notifying the beneficiary. The worker will do this by phone or letter, and will narrate the action in the case file.